

INTERIM REPORT
SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
CENTERS OF EXCELLENCE PROGRAM
EDUCATION IMPROVEMENT ACT OF 1984
PROJECT YEAR 2006-07

Institution		
Center Name		
Project Director/Title	Address	
	Phone	
	Fax	
	E-mail	
Institutional Contact	Address	
	Phone	
Fiscal Officer/Title	Address	
	Phone	
Proposed Funding	2007-08	School or District Partners
State Funds Requested		
Institutional Funds		
Other Funds		
Total		
Institutional Approval Chief Executive Officer _____ Date _____		

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
CENTERS OF EXCELLENCE
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**ANTICIPATED FUNDING SOURCE
FY 2007-08**

Institution_____

**Center
Name**_____

Provide in percent the amount from each source that will support the center's salaries and other operating expenses for the next fiscal year.

Fund Source	Administrative/Personnel Services and Fringes	Other Operating Costs
EIA/CHE		
Institutional		
Federal		
Other Sources*		
Total FTEs		

* Please denote source(s)

PROJECT TIME LINE

FY 2007-08

Center Name_____

[illegible]

PROPOSED SUMMARY BUDGET FY 2007-08

Center Name

[illegible]

Approved by _____ Date _____
(Chief Executive Officer)

****Attach explanatory budget justification.**

Goals, Activities, Objectives	Timeline proposed	Actions completed	Actions Pending	Notes